PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

0630-1925P

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN		
			(Column 1) (C		(Colu	mn 2)]		TYPE		OR	R SMALL ENTITY		
TOTAL CLAIMS			10					RATE	FEE]	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		В	ASIC FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			10 minus 20= *		* 0			X\$ 9=		OR	X\$18=	0	
INDEPENDENT CLAIMS			3 minus 3 = "		*	0		X43=		OR	X86=	0	
ML	ILTIPLE DEPEN	NDENT CLAIM P	RESENT		<u>.</u> <u>-</u>			+145=		OR	+290=	0.	
* If	the difference	in column 1 is	less than zero, enter "0" in colu			olumn 2	1	ΓΟΤΑL		OR	TOTAL	170	
CLAIMS AS AMENDED - PART II									•	•	OTHER	THAN	
		(Column 1)	(Column 2) (Co			(Column 3)	SMALL ENTITY			OR	OR SMALL ENTITY		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER USLY	PRESENT EXTRA	1	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	;	X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***	01.414.4	=		X43=		OR	X86=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								145=	-	OR	+290=		
							<u> </u>	TOTAL		OR	TOTAL		
		(Column 1)		(Colum	n 2)	(Column 3)	ADI	DIT. FEE	1		ADDIT. FEE		
		CLAIMS		HIGHE	ST	(Column 3)		<u>-</u> -T	ADDI-	1	· ·	ADDI-	
AMENDMENT B		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	USLY	PRESENT EXTRA	F	RATE	TIONAL FEE		RATE	TIONAL FEE	
	Total	*	Minus	**		=)	(\$ 9=		OR	X\$18=		
	Independent	*	Minus	***	01.413.4	=	7	X43=		OR	X86=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+	145=		OR	+290=		
								TOTAL DIT. FEE			TOTAL ADDIT, FEE		
	(Column 1) (Column 2) (Column 3)									•	ADDII. FEE		
AMENDMENT C	`	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ST ER USLY	PRESENT EXTRA	F		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	×	(\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=	, >	(43=	·	OR	X86=		
۲	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	ENDENT	CLAIM		+	145=		OR	+290=		
	f the entry in colur f the "Highest Nur	_	TOTAL		. I	TOTAL							
***	f the "Highest Nu	mber Previously Pa mber Previously Paid ber Previously Paid	id For IN THI	S SPACE is	less than	n 3, enter "3."		IT. FEE L in the appr		•	NDDIT. FEE l JMN 1.		